SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

ኔ

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN 帮

Date Stamp (Received) Bayfield Co. Zoning Dept. APR 17 2015

Permit #: Refund: Date: Amount Paid: 贯

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

1000	Α ,		The state of the s	Livery T.		olain)	Other: (explain)	Staff 0	Secretarial Staff
The second secon						Conditional Use: (explain)	Conditiona	Т	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	`	The state of the s	THE PERSON NAMED IN COLUMN NAM	المرابقة الم	e: (explain)	special use: (explain)		
	×				The state of the s	. ()	Single	Т	o Č
									nec a lor issuance
	× _				Iteration (specify)	Accessory Building Addition/Alteration (specify)	Accessory		00025
600	x30)	0 2 -		hecet	SUGAY St	Building (specify)	Accessory Building		□ Winnicipal Use
THE PARTY NAMED IN COLUMN TO THE PARTY NAMED	×					Addition/Alteration (specify)	Addition/	- C	
	×		- Andrews		.e)	Mobile Home (manufactured date)	Mobile Ho		
	×		k food prep facilities)	or 🗆 cooking &) sleeping quarters, i	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	Bunkhouse		1000
	X			A. C.	age	with Attached Garage		Use earlane	Report for legisnes
A CONTRACTOR OF THE PROPERTY O	< >					with (2) Deck		-]
***************************************	< ?					With a Deck			ت
	× :					with a Dack			
	× 				,	with (2 nd) Porch		T	
	× }					with a Porch		lse	Residential Use
	×)					with Loft			
	x)				hack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence		
	X)		(ure on property)	Principal Structure (first structure on property)	Principal S		
Square Footage	mensions	Dime		o o	Proposed Structure			•	Proposed Use
			The state of the s				-		Laboratory and the second
14			Width: えつ		Length: 30			ction:	Proposed Construction:
	Height:		Width:		Length:	is relevant to it)	ng applied for	: (If permit bei	Existing Structure: (If permit being applied for is relevant to it)
			None			Choic N			
						-		Property	1
	Ct)	ce contract)	ı	None		No Basement	ness on	☐ Run a Business on	-
	vaulted (min 200 gallon)	vauner				ł	existing bldg)	Relocate (existing bldg)	
Togace.	ype:	Specify Type:	Sanitary (Exists)	3			13		10,000
Well	/pe:	Specify Type:	(New) Sanitary		X Year Round	1	\vdash	☐ Addition/Alteration	
_ City			Municipal/City	دـــر	Seasonal	∑ 1-Story	truction		•
2			- 1	- 1	1 .				material
Water	f /stem ·ty?	What Type of wer/Sanitary Syste is on the property?	What Type of Sewer/Sanitary System Is on the property?	of bedrooms	Use	# of Stories and/or basement	9	Project	of Completion * include donated time &
									Value at Time
									☐ Non-Shoreland
200	i Mo	ė	reet		If yescontinue	If ye			
⊠ Yes	ĭ Yes		is from Shorelin	Distance Structure	d or Flowage	☐ is Property/Land within 1000 feet of Lake, Pond or Flowage	/Land within	☐ is Property	X Shoreland →
Are Wetlands Present?	Is Property in Floodplain Zone?	Ä	cture is from Shoreline :	Distance Structure	tream (incl. Intermittent)	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain?	//Land within dward side of	Is Property Creek or Lan	
∞,	S	i i	***	Oran	Grand	N, Range W	LIS	32, Township	Section
ซี	Acreso	170	l of Size	0.00 0.00 0.00 0.00	Tourn of:				
		Subdivision:	Błock(s) No.	Lot(s) No.		ot Lot(s) CSM	Gov't Lot	SW 1/4	N 1/21/4, 5
erty Ownership)	Recorded Document: (i.e. Property Ownership) Volume 333 Page(s) 4/1	me S	-COO 10000 Recorde	0	<u>PIN</u> : (23 digits) 04- <i>03 1 ー 2 ー ザー</i> でージィーろ		<u>Legal Description</u> : (Use Tax Statement)	Legal Descrip	PROJECT LOCATION
d No	Attached		The state of the s					Q	d
Written Authorization	Written A	ip):	Agent Mailing Address (include City/State/Zip):	gent Mailing Ado	Agent Phone: Ag		cation on behalf c	rson Signing Appli	Authorized Agent: (Person Signing Application on behalf of Owner(s))
Phone:	Plumber Phone:			Plumber:	Phone:	Contra			5"
92 1571	715 293		39	154839	City/State/Zip: Crywd Uwr/ WI	City/State	len K	nth Sweden	Address of Property:
118 6 82 - 3 0° 1		154306	Ashline / LET/	Rope W 17	1505 10" AU	150	1502	6:1ber7	
んぐん	Telephone:		City/State/Zip:	City/	· 3		- 1		Owner's Name:
□ OTHER	□ B.O.A. □ O		☐ CONDITIONAL USE ☐ SPECIAL USE	CONDITIONA		USE SANITARY PRIVY	☐ LAND USE	OUESTED→	TYPE OF PERMIT REQUESTED—>

Address to send permit

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization $% \left(1\right) =\left\{ 1\right\} =\left\{$

must accompany

this

application)

Date

Date

Owner(s): (If there

are Multiple Owr

 $\dot{r}_{
m S}$ listed on the Deed old All Owners must sign $old {
m or}$ letter(s) of authorization must accompany this application)

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and complete. I (we) acknowledge that I (we) and formation (are) providing any accompanying information) has been even for an (are) providing and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described properly at any reasonable time for the purpose of inspection.

PETTI

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

			*	Feet	27	Setback to Privy (Portable, Composting)
			7	Feet	NA	Setback to Drain Field
Feet	000	Setback to Well らいれんしゃし	1	Feet	2	Setback to Septic Tank or Holding Tank
Feet		Elevation of Floodplain	í	155° Feet	1835	Setback from the East Lot Line
X No	☐ Yes	20% Slope Area on property	7	O Feet	2130	Setback from the West Lot Line
Feet	+081	Setback from Wetland	4	Feet	275	Setback from the South Lot Line
	,		#	Feet	1029	Setback from the North Lot Line
Feet	えの	Setback from the Bank or Bluff				
Feet	/50	Setback from the River, Stream, Creek	ř	5960 Feet	29 PS	Setback from the Established Right-of-Way
Feet	NA	Setback from the Lake (ordinary high-water mark)	Ť	Feet	20	Setback from the Centerline of Platted Road
3. 2.33						timent
nent	Measuremen	Description		ment	Measurement	Description

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be mother previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Hold For Sanitary: ☐	Signature of Inspector:	No with undy presure	No Commercial PICKUP	No Piwic Spiles frace Site	Date of Inspection: 430/	Inspection Record:	Was Parcel Legally Created Was Proposed Building Site Delineated	Granted by Variance (B.O.A.) ☐ Yes 🔏 No	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Permit #: 15-011-5	Permit Denied (Date):	Issuance Information (County Use Only)
Hold For	Just Perley	p-essure	OVER MO	ee of Board Co			3.111.3.111.3.11	Case #:	And the Street	y		(County Use
Hold For TBA: □	wes			S.L.			Karyes □ No		□ Yes (Deed of Record) □ Yes (Fused/Contiguous Lot(s)) □ Yes			
Hold For Affidavit:		May on site			1 2				us Lot(s)) I No	Permit Date: 5-)	Reason for Denial:	sanitary number:
davit:				Orthe	J.		Were Property L	Previously Grantec	Mitigation Required Mitigation Attached	シニス		
Hold For Fees:		Compared use would require		need to be attached.)			Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.)	ed □Yes KNo			# of bedrooms:
<u>ئ</u> ر					Date	Zonin Lakes	Owner □ Yes	Case #:	Affidav Affidav			Sani
i	Date of Approval:	Add. Permi			te of Re-Inspection:	Zoning District (んん Lakes Classification (んん	95		Affidavit Required Affidavit Attached			nitary Date:
	11/15	w. +			tion:	NA D			□Yes K			
							N S		No BNO			